

**Agricultural and Food Processing  
Clearance Memorandum**

**U.S. Department of Labor  
Employment and Training Administration**

OMB Approval No. 1205-0134  
Expires: 08/31/09

1. To: (Name and Address)	3. Job Order Number:	4. Date of Issue:
	5. Employer:	
2. From: (Name and Address of Local Office)	6. Distribution:	
7. Please note the following concerning the above job order:		

8. Employer's Certification: This clearance memorandum accurately describes the changes in employment conditions offered by me on the above Job Order.		
Typed Name of Employer:	Signature: (Title if other than employer named.)	Date Signed:
9. By: (Typed Name of ES Agency Representative)	Title:	Telephone Number:
Signature:		Date Signed:
10. Applicant Holding Office: ("X" one) <input type="checkbox"/> Accepted (If accepted, list local offices extended to.) <input type="checkbox"/> Rejected (If rejected, provide reasons.)		

Comments:

11. By: (Typed Name of ES Agency Representative)	Telephone Number:	Date Signed:
--	-------------------	--------------

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Workforce Investment, Department of Labor, Room S-4231, 200 Constitution Avenue, N.W., Washington, DC 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1205-0134), Washington, DC 20503.